7th APPC – Side Event
15th of November @UN-ESCAP premises.
Organized by ARROW and Equal Asia Foundation.

Presenter: Gizka Ayu Pratiwi
Organisation: Yayasan Kesehatan Perempuan/Women Health Foundation
Country: Indonesia
What was your monitoring and research on (ICPD+30)?

- **Maternal Mortality and Its Underlying Cause**
  - To review the achievement and barriers of implementation of PoA ICPD +30 at grass root levels that focus on 5 domains of health delivery: **policy, mechanism & procedures, competence of health providers, behaviour of health providers, and the infrastructure**
  - To identify lessons learned and best practices at grass-root levels at the selected areas.

- **Areas:** Lampung (South Sumatra), Indramayu (West Java), Boyolali (Central Java), Ponorogo (East Java), Makassar (South Sulawesi)
National Census 2020 shown that the Maternal Mortality Ratio in Indonesia has declined from 359 per 100,000 live births (National Census 2010) to 189 per 100,000 live births.

National Census 2020 also demonstrated that Total Fertility Rate has declined to 2.18; the ASFR 15-19 was 26.64 per 1000 live birth.

Indonesian Demographic Health Survey 2017 shown the modern CPR was 57%, and the FP unmet need was 11%.

Basic Health Research or Riskesdas 2018 demonstrated 17.3% pregnant mother were having chronic malnutrition; 30.5% were high risk due to height less than 150 cm; and 48.5% were anaemic. Only 73.2% were supplemented with iron-folate tablet; and 15.1% were provided supplementary feeding.

Around 60% of pregnant mothers got their MCH book (buku KIA); only 74.1% utilized complete ANC (four times); 93.1% delivery was assisted by trained health care and 79.3% delivery was performed at health facility. Only 37% were provided complete Post Natal Care (four times); and 27.8% newly delivered mothers were not offered FP services.
What are the key findings from the research?

- There are the regulation and policies that cover all the needs of women and motherhood services. But it still needs the concern of its implementation.
- The policy of youth friendly reproductive health services still need stronger and more robust socialization.
- All the government, in the first line health facilities are already well equipped including USG facility.
- However the post natal care services tend to be not fully implemented, especially the mother’s delivery was performed at private clinic/hospital.
What are the key findings from the research?

- Some health services offer the FGM/C one package with piercing and birth certificate.
- The cause of MM is also about early and forced child marriage, unsafe abortion, lack of access of health services.
- There are still discrimination and threaten to the women and girls who access the comprehensive sexual and reproductive services.
- There are no safe abortion services that can be accessed by community.
What are the key recommendations from your research?

- Comprehensive sexual education should be provided to all people.
- Governments should enact laws that will enable universal access to sexual and reproductive health and rights, ensure sexual and reproductive health services include abortion are accessible, affordable, and available for all people who need it.
- Prevention of unwanted pregnancies should be addressed as major public health concern
- Reduce the recourse to abortion through expanded and improved family planning services (including about the access of family planning services should not be restricted to married couple only),
What are the key recommendations from your research?

- Strengthen CSOs full collaboration, participation, and accountability in SRHR efforts.
- Ensure the Value Clarification and Attitude Transformation (VCAT) and sensitisation training for the health provider must be carried out to reduce prejudice and discrimination.
- Priority focus must be given to generating evidence around social determinants and data on all the aspects that cause the maternal mortality comprehensively.
- Community groups, religious leaders, and institutions must be engaged to raise awareness on SRHR issues and alleviate socio-cultural barriers and misconceptions.